



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

May 17, 2007

To Whom It May Concern:

**TARGETED CASE MANAGEMENT (TCM) FISCAL YEAR 2007-08
PARTICIPATION SURVEY**

Enclosed are the requirements for participation in the TCM Program for fiscal year 2007-08. The TCM 2007-08 Participation Survey contains all of the documents needed to apply for participation, including a checklist to ensure the package submitted is complete.

Local Governmental Agencies (LGAs) will not be able to participate in any of the TCM target groups for State fiscal year 2007-08 if the signed Participation Survey and all requested documentation are not received postmarked on or before the July 17, 2007 deadline. Please mail to:

California Department of Health Services
Medi-Cal Benefits Branch
Targeted Case Management Unit
1501 Capitol Avenue, MS 4601
P.O. Box 997417
Sacramento, CA 95899-7417
Attention: Wai Tin Wong

Retain the complete copy of the Survey for your files.